Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401-222-3040

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
126772	LINCOLN RADIOLOGY, INC.

3. Street Address Principal Business Office	City	State	Zip
4 PADDOCK DRIVE	LINCOLN	RI	02865

4. Business Phone No.	5. State of Incorporation
4017291339	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
FOR RADIOLOGY PRACTICE AND ANY OTHER FORMS OF MEDICAL IMAGING

7. NAMES AND ADDRESSES OF THE OFFICERS (Required) ☐ FILL IN SPACES BELOW OR ATTACHMENTS

President Name	Vice President Name
DAVID GUNASTI	NONE
Street Address	Street Address
4 PADDOCK DRIVE	
City / State / Zip	City / State / Zip
LINCOLN / RI / 02865	
Secretary Name	Treasurer Name
DAVID GUNASTI	DAVID GUNASTI
Street Address	Street Address
4 PADDOCK DRIVE	4 PADDOCK DRIVE
City / State / Zip	City / State / Zip
LINCOLN / RI / 02865	LINCOLN / RI / 02865

8. NAMES AND ADDRESSES OF THE DIRECTORS (Required) ☐ FILL IN SPACES BELOW OR ATTACHMENTS

Director Name	Director Name
DAVID GUNASTI	
Street Address	Street Address
4 PADDOCK DRIVE	
City / State / Zip	City / State / Zip
LINCOLN / RI / 02865	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED (Required) ☐ NO. OF SHARES ATTACHMENT

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500 $1.00 PAR VALUE		

10. SHARES ISSUED (Required) ☐ NO. OF SHARES ATTACHMENT

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
500	COMMON	$500.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 27 2014
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SECRETARY OF STATE
CORPORATIONS DIV

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File Date

Check No. 1495

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[redacted] 1/30/14
Signature of Officer *Date*

DAVID GUNASTI
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/05